PHILADELPHIA NEUROLOGICAL SOCIETY.

December 23d, 1901.

The President, Dr. James Tyson, in the Chair.

The Supra-orbital Reflex.—Dr. D. J. McCarthy referred to the recent papers on this reflex, and showed that this phenomenon described by him was a true reflex. It consists in a fibrillary tremor of the lower lid when the skin of the supra-orbital region is irritated.

Dr. William G. Spiller thought that Dr. McCarthy had the better of the contention that this is a true reflex. It is similar to the closure of the eyelids produced by touching the conjunctiva or the cornea, as this also is a reflex in the distribution of the fifth and seventh nerves. When one of these reflexes is lost, the other also should be lost, and as a matter of fact this seems to be so.

It would be interesting to know what would be the effect on Chvostek's sign from removal of the Gasserian ganglion. Some persons in normal health have a very active Chvostek sign. While this phenomenon may be due to irritation of the seventh nerve, it is possible that it might be lost if the centripetal impulses through the sensory fifth nerve were prevented.

Referring to a case reported by Dr. Keen and himself, Dr. Spiller said that he thought it the most perfect removal of the Gasserian ganglion he had seen. In many cases the ganglion has been removed intact, but in none has the motor root been left on the ganglion as in this specimen removed by Dr. Keen.

He also called attention to the condition of the eye in the two cases exhibited by Dr. McCarthy. In the case where the Gasserian ganglion was removed six years ago, the eye was much injected, whereas in the other where the ganglion was not removed, but the sensory root was cut, this injection was not present.

"Static Electricity in the Diagnosis and Treatment of Hysteroidal Disorders."—A paper with this title was read by Dr. G. Betton Massey.

The Treatment of Locomotor Ataxia.—This paper was read by Dr. J. K. Mitchell.

Dr. S. Weir Mitchell corroborated what had been said about the use of the bandage about the limb for the relief of pain. He called attention to a point on which much information could be obtained by organized movement. Many years ago he had collected some statistics on the subject of ataxic pains in connection with storms, and satisfied himself that the ataxic pain was due in a large number of instances to the coming on of storms more or less distant. He had unfortunately lost the portfolio in which this material was contained and since had not had the courage to again take up the subject. He believed that 96 per cent. of the neuralgias following trauma are due to storms. A collective investigation of the relation of ataxia to storms and of hemicrania to storms would result in a paper of great importance and material value.

Dr. Charles K. Mills stated that his experience with regard to rest and massage had been the same as that of the reader of the paper. He considered rest to be the most useful measure for the relief of symptoms of irritation in tabes, and also that massage was a useful adjunct to rest. He had had no experience with the use of the bandage. For a number of years he made use of electricity, especially in the form of the galvanic current to the spine, apparently with benefit for the relief of the irritative symptoms of this disease. In discussing the treatment of the symptoms of a disease like this, it must be borne in mind that the pains come and go, and stay a varying time without apparent cause; and also as pointed out by Dr. S. Weir Mitchell, that they are greatly influenced by changes in the weather.

He believed that certain drugs have some value in the relief of the pains of tabes dorsalis. For many years he had used hydrobromate of hyoscin for this purpose, but not especially to relieve the pain at the time of the attack. The long-continued use of this drug, in combination with rest and possibly with massage, will often relieve the active symptoms, and do something toward holding the disease in abeyance and even of bringing about some improvement. Of course, we never obtain cures in cases of real tabes. He referred to a patient who had had locomotor ataxia for about twenty-five years. The speaker first saw him twenty years ago. This man is the manager of a large business and during all this time has occupied this position. He has not developed ataxia to any extent although he has the sensory symptoms in a severe form. He has apparently been helped by insistence on periods of rest and the use of hyoscine hydrobromate.

Dr. F. X. Dercum agreed as to the value of rest and massage in locomotor ataxia. He suggested that it might be worth while to make trial of massive doses of strychnia as are used in tic douloureaux with such excellent results. He had used strychnia in cases of tabetic pain with apparent benefit.

Dr. S. Weir Mitchell said that years ago he had used strychnia in very large doses without any very satisfactory results. With regard to rest, he was led to write his first paper on this subject by the observation of a case of ataxia where the patient met with a fracture of the thigh. While recovering from this, he broke the other thigh, and was kept in bed four months. As a result all of the pain disappeared. This patient also discovered that if he slept between blankets he had less pain than if he slept between sheets. Some years later, when the speaker was in Paris, Charcot said to him that he had tried the use of rest without any results. The reason for this was evident when the patients were examined. They were all miserable, broken-down French paupers in an advanced stage of the disease, and little could be hoped from any form of treatment.

Dr. Alfred Gordon said that Marie had recently published a paper reporting a number of cases in which excellent results had been obtained in the relief of the pains of locomotor ataxia by the use of salophen particularly where there was a rheumatic taint in the case. The speaker had used this remedy in a number of cases with excellent results.

Dr. G. Betton Massey said that with regard to the use of electricity in the symptomatic treatment of ataxia, he could corroborate the statement that the galvanic current was of less value than other forms. He had used static electricity, both spray and sparks for the relief of the pains in the legs. This had seemed to have some effect. He thought the use of the faradic current desirable, particularly if the pain were abdominal. There is no doubt that pain in the pelvic and abdominal viscera is greatly helped by long-continued application of the faradic current, and for this purpose the fine wire, high-tension coil is best.

Dr. William G. Spiller referred to a case of tabes that he had seen some years ago. The patient had found that the pain was relieved by pressure with the fingers on the painful spots. Many now recognize that the tabetic pains may be made worse by changes in the weather.

With regard to the use of drugs for the relief of pain, he was indebted to Dr. Sinkler for the suggestion of the use of aluminium chloride. He had employed it with benefit in some cases.

Dr. Wharton Sinkler said that Gowers in his article on tabes speaks of the use of aluminium chloride for the treatment of the pains of ataxia, given in five to ten grain doses three times a day. The speaker had used it in half a dozen cases with marked relief in the majority. It seems to exert a distinct influence not only in tabes, but in other forms of spinal disease, for example in disseminated sclerosis. In two cases of the latter the pains were relieved.

Dr. John K. Mitchell said that he had not pretended to cover the whole subject of the treatment of tabes in his paper, but that he attached very little importance to the use of any drugs, with the exception of morphia in the very advanced stages, as compared with massage and rest.

The Sensory Segmental Area of the Umbilicus.—Dr. W. G. Spiller read a paper, showing that the umbilicus lies between the ninth and tenth thoracic segments.

Dr. D. J. McCarthy said that there had been much discussion as to whether or not the reflexes are lost after a complete section of the cord above the reflex arcs. The general fact is that in animals where there is no disease posterior to the point of section, the reflexes are retained after the animals have recovered from the acute effects of the operation. In a certain number of cases in the human being, the reflexes have been lost, but in these cases it is possible that changes may have occurred in the cord which would account for this.

Dr. Charles W. Burr said that some years ago he had under observation a case of fracture of the spine high up in the thoracic region. The day following the injury the knee-jerks were absent. He assumed that this was due to shock, but the man lived for many weeks, and the knee-jerks did not return. When the autopsy was made, it was found that the cord was injured not only at the seat of fracture, but also that it had been torn across at the lumbar swelling. In that case, he thought it fair to assume that the loss of the knee-jerks was due to the lesion in the lumbar swelling. In the experimental sections that he had seen, the final result was that the deeper reflexes were increased. In the few cases that he had observed in man where apparently there was total destruction of the cord high up, the knee-jerks were increased.

Dr. William G. Spiller said that much had been written in regard to the question of the loss of the knee-jerk from complete transverse lesions high up in the cord, but the matter was still undecided. Some have thought that this loss is the result of neuritis, and neuritis has been actually detected but not in all cases. It would be a mistake to suppose that in all cases where the knee-jerks are lost in complete transverse lesions high up in the cord, there is also a lesion lower down.

Remarks on Verbal Amnesia.—Dr. Alfred Gordon read a paper on this subject.

Dr. Charles K. Mills considered that this case was confirmatory of the view which he held—a view first advanced by Broadbent—that there was a separate region in the brain, contained within the zone of speech as he had delineated the zone of spech in his own work, and that lesion of this region will give rise to verbal amnesia of the type referred to by Dr. Gordon. He believed, therefore, that the zone of speech should be extended beyond the zone indicated in Dejerine's diagram, so as to include the midtemporal region of the cerebrum. He thought that one of his own cases, and one or two reported in Germany, went to prove that this naming or concept center is located in the midtemporal region. In his own case the evidence was not positive, on account of other complicating symptoms probably due to the extension of the lesion beyond this center. He saw many theoretical reasons, as well as reasons from reported cases, for believing in this. It seemed to him that the process through which the name is associated with the concept (which concept is derived ordinarily from various sources), should have a special representation. The great objection to this doctrine of a special region has been founded upon the numerous reported cases in which verbal amnesia has been present, and yet the lesion has been found in different localities. When, however, careful consideration is given to the questions which arise in connection with this subject, he thought that these objections fall to the ground. The case that would prove absolutely the existence of this center might be one like the one reported by Dr. Gordon. A case like this which on autopsy showed a midtemporal lesion, with intergrity of the visual, auditory and motor speech centers, would furnish the required proof.

Dr. D. J. McCarthy referred to a case which he had seen with Dr. Davisson, that of a young man eighteen years of age. He had previously enjoyed excellent health. For several months he had been using alcohol to excess. He was suddenly seized during an hysterical outbreak with inability to express himself either by writing or talking. This had lasted several days when Dr. McCarthy saw him. He was then completely aphasic, except for "yes" and "no," which he said properly, and the significance of which he fully appreciated. He could then answer questions by writing the answers, and these were all carefully given. He could read well and understand what was said to him. He was hemianesthetic, and had submammary and inguinal tenderness, with spots of exquisite tenderness along the spine. The aphasia suddenly disappeared several days later. The speaker considered it a case of hysterical motor aphasia.

Dr. Alfred Gordon said that there were cases reported where the symptom, verbal amnesia, was so striking that one could not help thinking of something special for that psychic function. The question of memory is a very interesting one, and in this connection he referred to a case reported a short time ago in which there was loss of topographical memory. The patient knew the location of certain prominent buildings in Paris, but he could not place them in relation to each other. At the autopsy in this case there was found softening in the lower temporal region. He suggested the importance of taking up the subject of memory more closely.

Gelatinous Exudates in the Cerebral Ventricles.—Dr. C. Van Epps and Dr. D. J. McCarthy showed two specimens of these exudates.